



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

06/22/2010

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000175638

INSTALLATION NAME: INSAREN INC

INSTALLATION ADDRESS : 74-16A GRAND AVE
ELMHURST, NY 11373

MAILING ADDRESS : 185 DEVOE AVE
YONKERS, NY 10705

-EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

**TO: INSAREN INC
or Current Occupant**
ATTN: MAREK MAY
185 DEVOE AVE
YONKERS, NY, 10705

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number NYR000175638

3. Site Name

Name: INSAREN INC

4. Site Location Information

Street Address: 74-16A GRAND AVE
City, Town, or Village: ELMHURST County: QUEENS
State: QUEENS NY Country: QUEENS Zip Code: 11373

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 23 C.
B. D.

7. Site Mailing Address

Street or P.O. Box: 185 DEVOE AVE
City, Town, or Village: YONKERS
State: NY Country: WESTCHESTER Zip Code: 10705

8. Site Contact Person

First Name: MAREK MI: Last: MAJ
Title: V-CE PRESIDENT
Street or P.O. Box: 185 DEVOE AVE
City, Town or Village: YONKERS
State: NY Country: WESTCHESTER Zip Code: 10705
Email: INSAREN@hotmail.com
Phone: 914 774 3258 Ext.: Fax: 718 675 5508

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: INSAREN INC Date Became Owner: 06-15-2007
Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
Street or P.O. Box: 74-16A GRAND AVE
City, Town, or Village: ELMHURST Phone: 718 672 4200
State: NY Country: QUEENS Zip Code: 11373
B. Name of Site's Operator: IVAN TYMCHAR Date Became Operator: 06-28-2008
Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**

- Y ☐ N ☒ **1. Generator of Hazardous Waste**
If "Yes", mark only one of the following – a, b, or c.
- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

- Y ☐ N ☐ d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.
- Y ☐ N ☐ e. United States Importer of Hazardous Waste
- Y ☐ N ☐ f. Mixed Waste (hazardous and radioactive) Generator

- Y ☒ N ☐ **2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- Y ☐ N ☒ **3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.
- Y ☐ N ☒ **4. Recycler of Hazardous Waste**
- Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- Y ☐ N ☒ **6. Underground Injection Control**
- Y ☐ N ☒ **7. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

- Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**
- | | |
|---------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> |

- Y ☐ N ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- Y ☐ N ☒ **1. Used Oil Transporter**
If "Yes", mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.
- ☐ a. Processor
- ☐ b. Re-refiner
- Y ☐ N ☒ **3. Off-Specification Used Oil Burner**
- Y ☐ N ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

School construction debris - asbestos

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

MICHAEL KUCHARSKI
V-CE PRESIDENT

06/08/10.

2010 JUN -8 PM 1:15

EPA ID Number

OMB#: 2050-0024; Expires 11/30/2011

**ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY**



Before filling out this section:

- ❖ You must check with your State to determine if you are eligible to manage hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25). (See also <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm>.)
- ❖ You must be managing hazardous secondary material, which is secondary material (e.g., spent material, by-product, or sludge) that when discarded, would be identified as hazardous waste under 40 CFR Part 261. Do not include any information regarding your hazardous wastes in this section.
- ❖ You must submit a completed Site Identification Form, including this Addendum, prior to operating under the exclusion(s) and by March 1 of each even-numbered year thereafter to your regulatory authority using the Site Identification Form as pursuant to 40 CFR 260.42. Persons who must satisfy this notification requirement can submit information at the same time as their Biennial Report (which is also due by March 1 of each even-numbered year).
- ❖ If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must also submit a completed Site Identification Form, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.

1. Indicate reason for notification. Include dates where requested.

- ☐ Notifying that the facility will begin managing hazardous secondary material as of _____ (mm/dd/yyyy).
- ☐ Re-notifying that the facility is still managing hazardous secondary material.
- ☐ Notifying that the facility has stopped managing hazardous secondary material as of _____ (mm/dd/yyyy).

2. Description of hazardous secondary material (HSM) activity. Please list the appropriate codes and quantities in **short tons** to describe your hazardous secondary material activity ONLY (do not include any information regarding your hazardous wastes in this section). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for hazardous secondary material (HSM)	c. Estimated short tons of HSM to be managed annually	d. Actual short tons of HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261 Subpart H. (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25))

Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?